MVR-27 I Support Teachers, Inc.

SIGNATURE OF OWNER

Rev. 08/14 Rebekah Bradley, 310 N. Blount Street, Raleigh, NC, 27601

P: (919)—733—7350 E: ISupportTeachers@nc.gov

APPLICATION FOR AN "I SUPPORT TEACHERS" LICENSE PLATE



Remit a \$20.00/\$50.00 check or money order with this application made out to "I Support Teachers, Inc." Any refund requests to potential purchasers is the responsibility of the Person, Organization, or Legal entity seeking the plate and not the NCDMV. All minimum required paid applications must be collected by the organization before submitting to the NCDMV for approval/issuance of the plate. The fee amount of the check or money order submitted by the Person, Organization, or Legal entity must equal to the number of the paid applications. *N.C.G.S. 20-63(b1) 500 or more applications /N.C.G.S. 20-79.4 (a3) standardized format background plate □ Personalized I Support Teachers \$50.00 Regular I Support Teachers \$20.00 **NOTE: You are allowed four (4) spaces for a personalized message. When applying for a Personalized I Support Teachers license plate, the prefix or suffix assigned will be the first or last letter on the plate. This leaves only four (4) spaces for a Personalized message. The four spaces may be a combination of letters and numbers, but cannot be numbers only or conflict with another classification of license plates. The \$20.00/\$50.00 special fee is an (ANNUAL) fee due in addition to the regular license fee. NAME(To agree with certificate of title) Home **FIRST MIDDLE** LAST AREA CODE-TELEPHONE NUMBER ADDRESS Office CITY **STATE** ZIP CODE AREA CODE-TELEPHONE NUMBER **Current North Carolina** Vehicle Identification Number

	Plate Number	Venn	venicle identification Number		
	Driver License #	Year	Model	Make	Body Style
	Owner's Certification of Liabi	lity Insurance			
I CERTIFY FOR THE MOTOR VEH	HICLE DESCRIBED ABOVE THAT I HAVE	FINANCIAL RESPO	NSIBILITY AS R	EQUIRED BY	LAW.
PRINT OR TYPE FULL	NAME OF INSURANCE COMPANY AUTH	ORIZED IN N.C. – N	OT AGENCY OF	R GROUP	
POLICY NU	MBER – IF POLICY NOT ISSUED, NAME O	F AGENCY BINDIN	G COVERAGE		

DATE OF CERTIFICATION